

**DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES**  
**ROUTE SLIP**

Date: 6/6/05

TO	DESTINATION	FROM	PERSON OR UNIT	INITIAL
	Comptroller			
	Deputy Comptroller			
	ASO - Fiscal Office			
	Accounting			
	Archives			
	Audit			
	Automotive Management			
	Central Services			
	ICSD			
	Personnel			
	Public Works			
	Stadium Authority			
	SFCA			
<b>1</b>	State Procurement Office - A			
	SPO - C			
	SPO - H	<b>X</b>		
	Survey			
	Systems & Procedures			
<b>2</b>	<b>Dept. of Health</b>			

**PLEASE:**

- ☐ See Me
- ☒ Take Action
- ☐ Draft Reply
- ☐ Review & Comment
- ☐ Investigate & Report
- ☐ Return for File
- ☐ Circulate

**FOR YOUR:**

- ☐ Approval
- ☐ Signature
- ☐ Information
- ☐ Comment
- ☐ File
- ☐ Concurrence

REMARKS: RE: Request for Exemption PEH 05-33, Alternative Community Care Services, Inc.

Recommend return without action. This request is not appropriate for exemption. It should be submitted as a Request for Crisis Purchase of Services pursuant to Chapter 3-147, HAR, (Form SPO-H 600).

State of Hawaii

REQUEST FOR EXEMPTION FROM CHAPTER 103F, HRS

'05 JUN -3 AM 11:44

To: Chief Procurement Officer

FROM: Department of Health/Developmental Disabilities Division

Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

Title and description of health and human service(s): **Personal Assistance while hospitalized:**  
A young adult female with developmental disabilities/mental retardation, psychiatric disorder with challenging behaviors required supports while hospitalized at Kaiser for a leg fracture and dislocated hip. Because of her retardation and her challenging behaviors, the Department, at the request of mother and Kaiser, agreed to provide 1:1 and 2:1 personal assistance supports during her hospitalization at Kaiser to ensure her health and safety as well as that of other patients and Kaiser staff.

Personal assistance staff were familiar with her and had dealt with her challenging behaviors. The behavioral challenges are exacerbated by her health status and condition as well as the unfamiliar surroundings.

While not hospitalized, these services and supports, part of the offerings of the Home and Community Based Services – DD/MR Medicaid waiver, are provided through use of Title XIX match funds. However, federal rules preclude use of waiver funds while the individual is hospitalized.

Provider Name: Alternative Community Care Services, Inc.	Total Contract Funds:  \$27,470.55	Term of Contract:  February 17, 2005
Provider Address: 2153 North King Street, Suite 323 Honolulu, HI 96819	Contract Funds per Year (as applicable):	To:  March 31, 2005

Explanation describing how procurement by competitive means is either not practicable or not advantageous to the State:  
The individual in question sustained injuries while in transitional residential placement; individual had returned from Oregon and was in a respite situation. Individual subsequently required hospitalization. While hospitalized, the individual displayed numerous instances of aggressive and assaultive behaviors towards Kaiser staff as well as other persons in the area.

To minimize personal injuries to self and others, administrative decision had been made to provide supports with staff familiar and experienced with the individual; continuity of services was felt to be necessary to minimize trauma. Due to the need for timely intervention and supports, procurement by competitive means would not have been practical. Furthermore, it was estimated that hospitalization would be time limited and short term.

Details of the process or procedure to be followed in selecting the service provider to ensure maximum fair and open competition as practicable:

Agency currently providing staffing supports to the individual while she was in the transitional residential placement was felt to be the most feasible alternative given the need for both familiarity as well as experience in handling challenging behaviors.

A description of the state agency's internal controls and approval requirements for the exempted procurement:

This emergency request was approved by Chief, Developmental Disabilities Division and Deputy Director, Health Resources Administration.

As hospitalization was expected to be short term, and given the need for immediate stabilization of behaviors, decision was made to utilize staffing familiar with individual rather than to introduce new staffing with neither familiarity or experience in dealing with the individual. Department felt it needed to be responsive to the urgency of the situation, given the potential harm to self and others.

A list of state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Dr. Linda Rosen, Deputy Director, Department of Health  
Dr. David Fray, Chief, Developmental Disabilities Division  
Trudy Murakami, PHAO, Developmental Disabilities Division

Direct questions to (name and position):

Dr. David Fray, Chief,  
Developmental Disabilities Division

Phone  
number:  
586-5840

e-mail address:

dffray@mail.health.state.hi.us

This exemption should be considered for list of exemptions attached to Chapter 3-141,  
HAR: Yes ☒ No ☐

**I certify that the information provided above is to the best of my knowledge,  
true and correct.**

  
Department Head Signature

MAY 31 2005

Date

Chiyome Leinaala Fukino, M.D.

Typed Name

Director of Health

Chief Procurement Officer's Comments:

Request is returned without action. This request is not appropriate for exemption. It should be submitted as a Request for Crisis Purchase of Services pursuant to Chapter 3-147, HAR, (Form SPO-H 600).

Please ensure adherence to applicable administrative requirements.

☐ Approved ☐ Denied

\_\_\_\_\_  
Chief Procurement Officer

\_\_\_\_\_  
Date

c: Administrator  
State Procurement Office



ALTERNATIVE CARE SERVICES, INC. (ACSI)  
2153 North King Street, Suite 323  
Honolulu, Hawaii 96819  
Phone (808) 848-2779  
Facsimile (808) 848-2781

April 4, 2005

## INVOICE

February 17, 2005 to February 28, 2005:

313.50 Hours of Personal Assistance II (1:1) \$8088.30

March 1, 2005 to March 31, 2005

751.25 Hours of Personal Assistance II (1:1) \$19382.25

Total Cost \$27470.55

Original Invoice Submitted By: Helen K. Moenoa

Helen K. Moenoa

4-6-05

Date

Esperanza N. Cadavona

4-06-05

Date

Esperanza N. Cadavona

19  
04 21 05

DEVELOPMENTAL DISABILITIES

HTH 501

ALTERNATIVE CARE SERVICES, INC.  
2153 NORTH KING STREET, SUITE 323  
HONOLULU, HI 96819

CMISB  
Diamond Head Health Center  
3627 Kilauea Ave., Room 110/09  
Honolulu, Hawaii 96816

3.50 hrs	Personal Assistance II Services for the period 1/17/05 to 2/28/05. (1:1)	7255	25.80	\$ 8,088.30
1.25 hrs	Personal Assistance II Services for the period 3/1/05 to 3/31/05. (1:1)	7255	25.80	19,382.25
			Total	\$27,470.55
				=====

Trudy Murakami 733-9191

: is

286816 00

01 621 G 05 092 H 7255 147 27,470 55

PURCHASE ORDER NO. 00 789295

Deliver Before

**BILLING ADDRESS**

CMISB  
Diamond Head Health Center  
3627 Kilauea Ave., Room 109  
Honolulu, Hawaii 96816

## ORGANIZATION

HTH 501

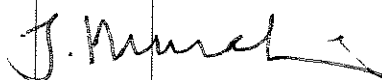
FUNCTION AND ACTIVITY

Conditions of purchase are listed on the back side of this purchase order. Please read carefully. Payments may be delayed if all steps are not followed.

ALTERNATIVE CARE SERVICES, INC.  
2153 NORTH KING STREET, SUITE 323  
HONOLULU, HI 96819

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We encourage the participation of women and minorities in all phases of employment.

QUAN.	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
3.50 hrs		Personal Assistance II (1:1) Services for the period 1/17/05 to 2/28/05.	7255 25.80	\$ 8,088.30
1.25 hrs		Personal Assistance II (1:1) Services for the period 3/1/05 to 3/31/05.	7255 25.80	19,382.25
			Total	----- \$27,470.55 =====

  
 Trudy Murakami 733-9191

AUTHENTICATED BY:

REQUISITIONER

TELEPHONE

VOUCHER  
NUMBER

DS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY

DATE \_\_\_\_\_

AUTHORIZED SIGNATURE

REQUISITION NO.

FOR DEPARTMENT USE ONLY

● 12

VENDOR		
NUMBER	SFX	
XXXXXXXXXX	XX	
286816	00	

[illegible]